

Collaborating to reduce tobacco use for a healthier Vermont

vermont 2010 & 2011 TOBACCO CONTROL WORKPLAN

Tobacco Control Highlights 2007–2008

Preventing Youth Smoking

- The smoking rate for youth in grades 8-12 declined steeply from 31 percent in 1999 to 16 percent in 2008.
- 33% of students in funded supervisory unions received one of the five evidence-based curricula in FY2008.
- 89 percent of Vermont tobacco retailers passed the compliance check and did not sell tobacco to minors in 2008.

Helping Smokers Quit

- The smoking rate for adults decreased from 22 percent in 2001 to 17 percent in 2008.
- 90% of Vermont smokers were aware of local programs to help people quit smoking in 2008.
- The prevalence of smokers making at least one serious quit attempt in the last 12 months increased significantly, from 53% in 2007 to 62% in 2008.
- Over 76% of smokers with a high school education or less reported awareness of at least one **Vermont Quit Network** radio or TV ad in 2008.

Reducing Secondhand Smoke Exposure

- 63% of smokers with children, who have a high school education or less, prohibited smoking in their homes in 2008.
- 71% of smokers with children, who have a high school education or less, prohibited smoking in their car when children were present in 2008.

A Comprehensive Approach

Vermont's Tobacco Control Program brings together partners from the Department of Health, the Department of Education, the Department of Liquor Control, the Vermont Tobacco Evaluation and Review Board, health care providers, local community organizations and businesses to coordinate efforts across the state.

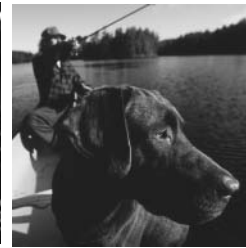
This comprehensive program, created in 2001 and based on proven strategies, set ambitious goals to:

- Reduce the prevalence of smoking among Vermont youth from a rate of 31 percent in 1999 to 15 percent in 2010.
- Reduce the prevalence of smoking among Vermont adults from a rate of 22 percent in 2000 to a rate of 11 percent in 2010.
- Reduce the exposure of all Vermonters to secondhand smoke.

Vermont modeled its integrated program around the five components that the 2007 *Best Practices for Comprehensive Tobacco Control Programs*, from the Centers for Disease Control and Prevention (CDC), recommend as essential to effective population-based approaches.

- State and Community Interventions:
 - o Tobacco-free community coalitions
 - o School-based tobacco use prevention program
 - o Policy initiatives to change social norms
 - o Enforcement of laws banning tobacco sales to minors
 - o Statewide training of health care providers
 - o Chronic disease and tobacco-related disparity elimination activities
- Health Communication Interventions
- Cessation Interventions
- Surveillance and Evaluation
- Administration and Management





Moving Forward

Vermont has made significant progress in lowering youth smoking rates and Vermonters' exposure to secondhand smoke. However, tobacco use remains the number one cause of preventable death in the state. Although the downward trend in the adult smoking rate to 16.8 percent is good news, Vermont will not reach its goal of 11 percent by 2010 with current efforts. In addition,

some segments of the population, including low income Vermonters and clients of mental health and substance abuse services, have higher than average smoking rates. Research shows that those states that spend more on comprehensive tobacco control programs have greater reductions in smoking and see significant health-care savings, and the longer states invest those funds, the greater the

impact. With this in mind, the state and its local partners must continue to examine a mix of strategies, including implementation of evidence-based programs, and funding across program components to further reduce the adult smoking rate and continue to lower the youth smoking rate, especially in the current economy.

Comprehensive Program Elements

Tobacco-free Communities

In communities across the state, Vermonters are working together to reduce tobacco use. Currently 20 coalitions, funded and coordinated by the Department of Health, serve as the mechanism for bringing statewide tobacco control efforts to the local level. They are also the driving force in keeping tobacco control partners engaged and actively working toward creating tobacco-free communities.

Community coalitions collaborate with schools, youth empowerment groups (like the Health Department sponsored youth-led Our Voices Xposed and Vermont Kids Against Tobacco groups), hospitals, mental health providers, non-profit organizations, businesses and the local media. Together they are committed to reducing tobacco use through education and policy change, especially among populations disparately affected by tobacco use.

Tobacco-free Schools

The Department of Education (DOE) funds and coordinates the comprehensive school-based tobacco-use prevention program. The CDC recommends that school-based tobacco prevention efforts be integrated with local coordinated school health programs. In Vermont these efforts include: development and communication of school policy; evidence-based prevention curricula; audience-appropri-

ate cessation programs and resources; and garnering community and family involvement. Finally, consistent with the DOE and State Board of Education's Transformation initiative, the DOE tobacco-use prevention program will reflect 21st Century learning environments by emphasizing information and media literacy, digital learning tools, and service-learning as vehicles to attain programmatic goals.

Policy

The three most effective policies that states can pursue to reduce tobacco use are:

- Sustained funding for a comprehensive tobacco control program
- Tobacco excise tax increases
- Clean indoor air laws

Vermont has been a national leader in legislation to restrict smoking in the workplace and eliminate smoking in public places, including restaurants and bars. Furthermore, Vermont workplaces are now totally smoke-free, with the 2009 removal of designated smoking areas. Lawmakers have also increased the excise tax on cigarettes, in 2002 and again in 2006, when roll-your-own tobacco, little cigars and snuff were included. In 2009 a federal tax on tobacco products went into effect, and Vermont lawmakers followed with another increase, which brings the total tax on cigarettes to over \$3.00 per pack.

Enforcement

Federal law requires that states conduct retailer compliance checks to determine the rate of illegal tobacco sales to minors and set an annual goal to reach 80 percent compliance. In 1997, Vermont set a higher standard of 90 percent. The Department of Liquor Control (DLC) enforces the laws against sales of tobacco to minors and educates retailers. Since 2001, compliance rates have exceeded 80 percent (89% in 2008) but have not reached the 90% standard. In 2008, DLC offered nearly 300 training seminars in every area of the state, providing training for approximately 4,000 retail employees. Employees trained by DLC had higher compliance rates (93%) than clerks trained by their employers (84%).

Chronic Disease Prevention & Healthcare Provider Training

The Vermont Department of Health's Blueprint for Health targets those suffering from chronic diseases – like diabetes, asthma, and heart disease – through provider education and with community-based care teams that link patients with chronic disease self-management programs called "Healthier Living Workshops." Other activities include training and assessment of provider practices on systems changes like the integration of action planning into their patient visits, including making tobacco cessation plans that connect smokers with treatment options.



Disparity Reduction Activities

Using CDC funds the Vermont Department of Health led the creation of the “Bridging the Gap” plan to address tobacco-related disparities in our state. The plan targets lower socio-economic status adults, and clients of mental health and substance abuse services – groups that smoke at roughly double the average rate for all adults in Vermont. Activities to reach these audiences are integrated into community coalition objectives, media targets and through collaborations with mental health partners and the Blueprint for Health.

Health Communications

The Department of Health conducts three statewide campaigns per year in concert with community-level activities, leveraging a proven strategy that health communication is more effective when the message is delivered from multiple sources. Each campaign is designed to focus attention on a particular theme during a designated time period, mirroring the three statewide tobacco control goals and exemplify the synergy of Vermont’s Tobacco Control Program. The impact of Vermont’s health communications campaigns are increasingly apparent – from the positive shift in social norms among youth around perceptions of teens smoking with the 8 out of 10 campaign to a significant increase in use of cessation services driven by the Your Quit Your Way campaign.

Help for Smokers to Quit

The average smoker will attempt to quit five to seven times before succeeding. The goal of the **Vermont Quit Network** is to make services easily accessible to anyone who is ready to quit. Vermont smokers have a menu of free and effective options to increase their chances of quitting smoking for good: phone or in-person counseling, including community-based groups; online support via VermontQuitNet.com; the new *Your Quit Your Way* suite of tools for smokers who prefer to quit on their own; and nicotine replacement therapies. In 2008 significantly more

smokers tried to quit, with 62 percent (of current smokers and recent quitters) making at least one serious quit attempt in the previous year. And there has been record demand for services during the first ten months of the 2009 fiscal year, with nearly double the use of the **Vermont Quit Network** over the same period of the previous year.

Surveillance & Evaluation

One of the CDC’s recommended elements is a surveillance and evaluation system to monitor program accountability. Surveillance analyzes tobacco-related behaviors, attitudes and health outcomes at regular intervals. Program evaluation builds upon surveillance systems by linking statewide and local program efforts to progress in achieving intermediate and long-term goals. Evaluation findings are used to make decisions about program implementation and to improve program effectiveness. An independent contractor evaluates Vermont’s comprehensive program with the cooperation of the three key departments and stakeholders statewide.

Administration & Management

According to the CDC, “effective tobacco prevention and control programs require substantial funding to implement, thus making critical the need for sound fiscal management.” In Vermont the comprehensive Tobacco Control Program provides program accountability through a coordinated statewide leadership structure with oversight of program components that fosters a high level of collaboration. The departments of Health, Education and Liquor Control provide the infrastructure, experience and guidance to community and state partners to achieve our shared goals. The Vermont Tobacco Evaluation & Review Board (VTERB) provides advice and an independent voice to support sustainability for the critical work of the comprehensive program in our state. The Health Department receives CDC funding for staff, while the Departments of Education and Liquor Control, and the VTERB receive tobacco settlement dollars for staff.

Vermont Tobacco Laws

1987–Smoking in the Workplace Law
Restricts smoking in the workplace.

1991–Youth Access Act
Prohibits sale to people under 18, establishes a tobacco license for retailers, and sets penalties for selling and furnishing tobacco products to minors.

1993–Clean Indoor Air Act
Prohibits smoking in the common areas of all enclosed indoor places of public access, including restaurants.

1995–Tobacco Use on School Grounds
Prohibits use of tobacco on public school grounds and prohibits students from using tobacco at public school-sponsored events.

1997–Youth Access Act
Prohibits cigarette vending machines, puts cigarettes behind the counter in retail stores, makes it illegal for minors to possess tobacco products and increases penalty for repeat offenses of selling and furnishing tobacco products to minors.

2002–Tobacco Tax
Increases excise tax on cigarettes from \$0.44 to \$1.19 per pack over two years.

2002–Singles & Mini-packs
Bans sale of single cigarettes or packs that contain fewer than 20 cigarettes.

2002–Mandatory Training for Tobacco Retailers
Requires tobacco licensee to be trained by Department of Liquor Control every 36 months and clerks to be trained before they can sell tobacco and every 24 months thereafter.

2005–Clean Indoor Air Act
Expands 1993 law to include bars and facilities owned and operated by a social, fraternal, or religious club.

2005–Fire-safe cigarettes
Requires that only fire-safe cigarettes may be sold in Vermont after May 1, 2006.

2006–Tobacco Tax
Increases excise tax on cigarettes from \$1.19 to \$1.99 over two years. Defines roll-your-own tobacco and little cigars as cigarettes and taxed as such. Changes moist snuff tax to weight-based and increases from \$1.49 to \$1.66 per ounce over two years.

2007–Teen Access to the Quit Line
Allows minors under the age of 18 access to free smoking cessation counseling without parental consent, through the Vermont Quit Line (phone counseling).

2008–Internet Sales of Tobacco Products
Bans the sale of mail order and internet sales of all tobacco products to Vermont consumers.

2009–Smoking in the Workplace Law
Removes designated workplace smoking areas.

2009–Tobacco Tax
Increases excise tax on cigarettes (and roll-your-own tobacco) by \$0.25 per pack. Refines definition of moist snuff and adds new category of “new smokeless tobacco.”

2010–2011 Tobacco Control Program Objectives

Preventing Youth Smoking

- Decrease the percentage of 11th and 12th graders who smoke from 22 percent in 2007 to 20 percent in 2011.
- Increase the percentage of students in funded supervisory unions receiving one of the five evidence-based curricula from 33 percent in FY08 to 38 percent in FY11.
- Increase the number of implementers who have received training on the curriculum they teach by 5% in FY11, from the FY10 baseline.
- Decrease the proportion of middle school youth who think that most (56% or more) high school students smoke from 16 percent in 2008 to 15 percent by 2010.
- By June 30, 2011 a system will be developed to link the 8th grade Vermont Kids against Tobacco (VKAT) members to a high school leadership prevention program like Our Voices Xposed.
- The Department of Liquor Control (DLC) will continue to offer annual education seminars for approximately 4,000 retail clerks who sell tobacco products.

Helping Smokers Quit

- Increase the percent of adult smokers that have made a quit attempt in the last 12 months from 62 percent in 2008 to 65 percent in 2010.
- Increase the percent of adult smokers who enroll in the **Vermont Quit Network** from 4 percent in FY08 to 6 percent in FY11.
- Increase the percent of current smokers that used medication in their last quit attempt from 51 percent in 2008 to 60 percent in 2010.
- Increase the percent of adult smoker's age 18-24 that enroll in the **Vermont Quit Network** from 2 percent in FY08 to 3 in FY11.
- Increase quit attempts made in the last 30 days among current smokers who report poor mental health from 54% in 2007 to 56% in 2010.

- Increase the number of high school aged smokers who enroll in **Vermont Quit Network** phone or N-O-T (Not-On-Tobacco), a cessation treatment program, from 300 smokers in 2008 to 320 in 2011.
- Increase the percent of awareness of at least one **Vermont Quit Network** radio or TV ad among smokers with a high school education or less from 76 percent in 2008 to 80 percent by 2010.
- Increase the percent of current smokers who will be advised by their health care provider to quit from 66 percent in 2008 to 70 percent in 2010.
- Increase the percent of current smokers with a high school education or less who report they were advised by their health care provider to quit from 69 percent in 2008 to 73 percent in 2010.
- Increase the percent of current smokers that reported in the previous year, seeing a health care provider who specifically recommended a quit program from 34 percent in 2008 to 38 percent 2010.

Reducing Secondhand Smoke Exposure

- Increase the percent of smokers with children and a high school education or less, who ban smoking in their home from 63 percent in 2008 to 65 percent in 2010.
- Increase the percentage of smokers with children and a high school education or less, who ban smoking in their car when children are present from 71 percent in 2008 to 74 percent in 2010.
- Increase the proportion of smokers who believe that breathing smoke from other people's cigarettes is very harmful from 49 percent in 2008 to 55 percent in 2010.

Policy & Environmental Change to Sustain Tobacco Control & Prevention Efforts

- By June 30, 2011, all tobacco community coalitions will assess, mobilize, and develop a plan that support local change such as smoke free outdoor community events or parks, smoke free work places, reducing point of purchase advertising of tobacco products, and smoke free housing.
- By June 30, 2011, all OVX (Our Voices Xposed) groups will assess, mobilize, and develop a plan that support local change in their community like smoke free parks and outdoor areas, creating smoke-free zones around teen centers or supporting tobacco free policies in their schools.
- By June 30, 2011 the Department of Education will develop a comprehensive ATOD (Alcohol, Tobacco and Other Drugs) policy assessment toolkit for schools, school districts and supervisory unions.

Tobacco Control Statewide Partners

Department of Health
healthvermont.gov

Department of Education
education.vermont.gov

Department of Liquor Control
liquorcontrol.vermont.gov

Office of the Attorney General
atg.state.vt.us

Tobacco Evaluation & Review Board
humanservices.vermont.gov/boards-committees/tobacco-board